

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 10/088412

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51	/		/		
2							52	/		/		
3							53	/		/		
4	X						54	/		/		
5							55	/		/		
6							56	/		/		
7							57	/		/		
8	X						58	/		/		
9	X						59	/		/		
10	X						60	/		/		
11							61	/		/		
12							62	/		/		
13							63	/		/		
14							64	/		/		
15							65	/		/		
16							66	/		/		
17							67	/		/		
18							68	/		/		
19							69	/		/		
20							70	/		/		
21							71	/		/		
22							72					
23							73	/		/		
24							74	/		/		
25							75	/		/		
26							76	/		/		
27							77	/		/		
28							78	/		/		
29							79	/		/		
30							80	/		/		
31							81	/		/		
32							82	/		/		
33							83	/				
34							84	/		/		
35							85	/		/		
36							86	/		/		
37							87	/		/		
38							88	/		/		
39			/		/		89	/		/		
40			/		/		90	/		/		
41			/		/		91	/		/		
42			/		/		92	/		/		
43			/		/		93					
44			/		/		94					
45			/		/		95					
46			/		/		96					
47			/		/		97					
48			/		/		98					
49			/		/		99					
50			/		/		100					
TOTAL IND.							TOTAL IND.	3		3		
TOTAL DEP.							TOTAL DEP.	51		50		
TOTAL CLAIMS							TOTAL CLAIMS	54		53		